

Central Contractor Registration (CCR) And Dynamic Small Business Search (DSBS) Data Collection Form

CCR has been designated as the federal government's primary vendor registration database. Firms interested in doing business with the federal government will, in most cases, be required to register in this database before contracts can be awarded (the primary exception is credit card/purchase card transactions). DSBS is a supplementary database that allows small businesses to provide additional information about their capabilities.

Use this form to collect the information needed to register in the CCR and DSBS databases. This form collects the basic information required for CCR registration. Firms wanting to provide additional optional information should call KPAP at (800) 838-3266, or use the official form at http://www.dlis.dla.mil/ccr/PDFs/central_contr_reg_form.pdf. For more information, a CCR Handbook can be downloaded from <http://www.ccr.gov/handbook.asp>.

Kentucky firms that want a representative of the Kentucky Procurement Assistance Program (KPAP) to review your form and/or enter the data on your behalf should fax the form to (502) 564-5932 or mail it to KPAP, Economic Development Cabinet, 23rd Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601. DO NOT send this form to the federal government. If you want to enter the data yourself, you can do so online at <http://www.ccr.gov>. If you have any questions about CCR/DSBS registration, call (800) 838-3266.

All fields are mandatory unless otherwise marked.

- 1. DUNS Number:** _____
You must have a nine digit Data Universal Numbering System (DUNS) number to complete this registration. If you don't have a DUNS number, call Dun and Bradstreet Corporation at (866) 705-5711, or go to <http://eupdate.dnb.com/requestoptions/government/ccrreg>. There is no charge to obtain a DUNS number for federal government registration purposes. Let Dun and Bradstreet (D&B) know that you are requesting a DUNS number for CCR registration. Dun and Bradstreet may include your basic company information (i.e., company name, address) in some of their products, such as mailing lists. If at any time you don't want to be included in D&B's products, call them at (866) 705-5711.
- 2. CAGE Code (optional):** _____
Enter your 5 digit Commercial and Government Entity (CAGE) code, if known. The CAGE code is an identification number issued by the U.S. Department of Defense (DoD). If you don't have a CAGE code, or you are not sure what your code is, leave this field blank and the federal government will provide a CAGE code for you. You can also check the following website for CAGE code numbers: https://www.bpn.gov/bincs/begin_search.asp.
- 3. Legal Business Name:** _____
Enter the legal name by which you are incorporated and pay taxes. Your legal business name must match your taxpayer identification number (TIN). (See question #5). If you don't know your TIN, contact the Internal Revenue Service (IRS) at (800) 829-1040. Your legal business name and address must also match Dun and Bradstreet's listing for your company. We recommend that you access <http://smallbusiness.dnb.com>, or call Dun and Bradstreet at (866) 705-5711 to get the exact listing for your company name and address.
- 4. Doing Business As:** _____
Complete only if your business operates under a name other than your legal business name.

5. **Federal Tax Identification Number (TIN)/Employer Identification Number (EIN):** _____
Enter your 9-digit Tax Identification Number used for income tax purposes. If you operate as an individual sole proprietorship, you may use your Social Security Number if you do not have a TIN/EIN. Call the IRS at (800) 829-1040 if you don't know your Taxpayer Identification Number.
6. **Company Division Name and/or Number (optional):** _____
7. **Company Website (optional):** _____
Enter your company's website, if applicable.
8. **Street Address:** _____
A physical street address (no P.O. Boxes) must be listed. As mentioned above, the street address must match Dun and Bradstreet's information. Refer to <http://smallbusiness.dnb.com> or call (866) 705-5711 to verify Dun and Bradstreet's listing of your street address.
9. **City, State, and Zip +4 Code:** _____
Zip +4 codes can be obtained at <http://www.usps.com/zip4/>.
10. **Enter complete mailing address if different than physical street address (P.O. Box is acceptable):**
Any address used here will receive all CCR correspondence.

11. **Business Start Date (month, day, and year):** ____/____/____
Provide the month, day, and year your business was started in its present form. If you are unsure of the exact date, please provide your best estimate. Note that month and day are required in addition to year.
12. **Number of Employees:** _____
Enter your firm's average number of full-time equivalent employees, including affiliated companies, for the past 12 months (must be at least 1). For information about affiliation, see <http://www.sba.gov/size/indexglossary.html>.
13. **Fiscal Year End Close Date (month and day):** ____/____
Enter the month and day that your firm closes or "balances" the books from an accounting/tax standpoint. If your business fiscal year is the same as the calendar year, enter 12/31.
14. **Average Annual Revenue: \$** _____
Total your annual revenue, including affiliated companies, for the past 3 years and divide by 3 (cannot be zero). For information about affiliation, see <http://www.sba.gov/size/indexglossary.html>.
15. **Type of Relationship with the U.S. Government (circle one; select the appropriate type of contractual relationship that your firm plans to enter into with the U.S. Federal Government):**

Contracts	Grants	Both (Contracts & Grants)
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16. **Type of Organization (circle only one):** Sole Proprietorship Partnership
Corporate Entity (Not Tax Exempt) Corporate Entity (Tax Exempt) Fed/State/Local Government
NOTE: Limited Liability Partners Companies or "S" Corporations should choose "Corporate Entity".
17. **If you selected "Sole Proprietorship", provide the owner's name, phone number, fax number, and e-mail:**

18. **If you selected Corporate Entity, List State (or Foreign Country) of Incorporation:** _____

19. Business Types - Circle ALL That Apply:

Other Business/Organization Factors:

Limited Liability Company (LLC)

S Corporation

Foreign Owned and Located

Types of Business:

Architecture and Engineering (A&E)
Domestic Shelter
Foundation
Other Not for Profit Organization
Veterinary Hospital

Community Development Corporation
Educational Institution
Hispanic Servicing Institution
Manufacturer of Goods
Research and Development

Construction Firm
For Profit Organization
Hospital
Nonprofit Organization
Service Provider

Socio-Economic Factors:

Large Business

Service Disabled Veteran Owned

Self Certified Small Disadvantaged Business

Woman Owned

Veteran Owned

Minority Owned

(If you chose "Minority Owned" above, you must also circle one specific type from the list below):

Subcontinent Asian (Asian-Indian) American Owned
Black American Owned
Native American Owned

Asian-Pacific American Owned
Hispanic American Owned
No Representation/None of the above

Socio-Economic Certifications [circle this selection only if your firm has been officially certified by a state Department of Transportation (DOT)]:

DoT Certified Disadvantaged Business Enterprise

Federally Recognized Native American Entities:

Alaskan Native Corporation Owned Firm
American Indian Owned
Indian Tribe (Federally recognized)

Native Hawaiian Organization Owned Firm
Tribal Government
Tribally Owned Firm

Other Socio-Economic Categories:

Community Developed Corporation Owned Firm
Small Agricultural Cooperative

Labor Surplus Area Firm

20. North American Industry Classification System (NAICS) Codes: _____

NAICS codes are 6-digit codes that identify your type of business. Call KPAP at (800) 838-3266 for assistance in determining your company's appropriate NAICS codes. Additional information on NAICS codes, including a searchable NAICS database and a chart comparing NAICS codes to SIC codes, can be found at <http://www.census.gov/epcd/naics02/naico602.htm>. You may enter up to 20 NAICS codes.

21. Standard Industrial Classification (SIC) Codes: _____

SIC codes are 4 digit numeric codes that identify your type of business. Call KPAP at (800) 838-3266 for assistance in determining appropriate SIC codes. Be sure to match each SIC code to the appropriate NAICS Code provided for question #20. See cross-reference charts at <http://www.census.gov/epcd/naics02/naico602.htm>. You may enter up to 20 SIC codes.

22. Federal Supply Class/Product Service Class (FSC/PSC) Codes (optional): _____

FSC/PSC codes are 4 digit codes used to identify the products or services purchased by the federal government. Call KPAP at (800) 838-3266 for help in determining appropriate FSC/PSC codes, or go to <http://www.softshare.com/tables/pscs>. You may enter up to 10 FSC and 10 PSC codes.

We strongly recommend that you consult your financial depository institution to obtain and/or confirm the information for questions 23-28. Contact your financial institution's ACH coordinator for additional information about fees, notification of deposit, and other questions you may have concerning electronic funds transfer.

23. Name of Financial Institution: _____

24. American Banking Association (ABA) EFT Routing Number: _____

Call your financial institution to obtain their 9-digit Electronic Funds Transfer ABA Routing/Transit ID number. This number, along with your checking or savings account number, is needed so that the federal government can pay you electronically (via direct deposit) rather than by check.

25. Your Account Number: _____

Enter the account number where you want funds deposited.

26. Type of Account (circle one): Checking Savings

27. Lockbox Number: _____

If you use a lockbox for receipt of deposits, enter the number here; otherwise, leave blank.

28. Automated Clearing House (ACH) Phone, Fax Number or E-mail (only 1 is required): _____

Call your bank or financial institution and ask them for the phone number of the ACH coordinator (only the phone, fax number, or e-mail is needed, not the name of the person). The ACH Coordinator is the person at the financial institution (not at your company) who would handle the EFT payments sent from the government.

29. Remittance Address (name, address, city, state, zip +4): _____

Enter the address where payment should be sent if EFT is not working.

30. Your Company Accounts Receivable POC (Point of Contact): _____

List the person in your company that should be contacted if the federal government has a problem processing your payment.

31. Company Accounts Receivable POC (Point of Contact) E-mail, Phone, and Fax Number (all are mandatory):

32. Do you accept Credit Cards as a method of Payment? (circle one): Yes No

33. Company CCR POC (Point of Contact): _____

List the person in your company that the government should contact if they have questions about the information on this form. This person is also acknowledging that the information on this form is current, accurate, and complete.

34. CCR POC (Point of Contact) E-mail, Phone, and Fax Number (all are mandatory):

35. Alternate Company CCR POC (Point of Contact): _____

If desired, you can use the same person that you listed in response to question #33.

36. Alternate Company CCR POC (Point of Contact) E-Mail, Phone, and Fax Number (all are mandatory):

37. **Government Business POC (Point of Contact):** _____
List the name of the person in your firm responsible for government marketing/sales.

38. **Government Business POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (all are mandatory):**

39. **Past Performance POC (Point of Contact) (optional):** _____
List the person in your company responsible for administering past performance and response efforts.

40. **Past Performance POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (mandatory if you responded to question #39):**

41. **Electronic Business POC (Point of Contact):** _____
List the person in your company responsible for access into government electronic business systems.

42. **Electronic Business POC (Point of Contact) E-mail, Mailing Address, Phone, and Fax Number (all are mandatory):**

Note: If you want to provide an alternate contact person for the Government Business POC, Past Performance POC, or Electronic Business POC, please list them at the bottom of this page or attach additional sheets if necessary.

43. **Marketing Partner Identification Number (MPIN):**

The MPIN is a 9-digit alpha-numeric (non case-sensitive) access code created by you. It is used for various federal government e-commerce initiatives. It must contain 9 digits, including at least one letter (A-Z) and at least one number (0-9).

IRS consent – Information provided in this section obtains your authorization for the Internal Revenue Service (IRS) to validate that the Legal Business Name (question #3) and Taxpayer Identification Number (TIN) (question #5) match the information on file with IRS for the most current tax year reported.

44. **Taxpayer Name (Legal Business Name):** _____

45. **Tax Year (insert most recent tax year):** _____

46. **Name of individual executing consent and title:** _____

47. **Signature (enter your MPIN again here):** _____

This completes the information required for Central Contractor Registration.

If this information is submitted online at <http://www.ccr.gov>, a Temporary Confirmation number will be assigned. Please save this number as it may be needed to access your CCR and/or DSBS registrations, or to log back in to an incomplete but saved registration.

Small businesses should proceed to the next page to provide additional information for DSBS registration.

Once completed, you must renew your registration at least once a year.

Supplementary Information for DSBS Registration

Your firm is eligible to register with the U.S. Small Business Administration's DSBS database of small businesses, if: a. It is a small business, as defined below; and b. It has not been debarred or suspended from furnishing materials, supplies or services to the Federal Government. The Small Business Act provides severe penalties on parties who knowingly misrepresent their status as a "small business concern" in order to obtain for oneself or another certain Federal contracts or subcontracts. Such penalties include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies prescribed by the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812); and suspension and debarment as specified in subpart 9.4 of title 48, Code of Federal Regulations (or any successor regulation) (see 15 U.S.C. 645 16(d)).

Definition of a Small Business: Title 13 of the Code of Federal Regulations, Part 121 states that a small business is one that: a. Is organized for profit; b. Has a place of business in the United States; c. Operates primarily in the United States or makes a significant contribution to the United States economy by paying taxes or using American products, materials, or labor; and d. Does not exceed the numerical size standard for its industry based on the NAICS code size standard table at <http://www.sba.gov/size/>. *In determining the size of your business, you must include the employees and receipts of all affiliates, including those of the parent company and all of its affiliates if you are owned by another company.* Please refer to <http://www.sba.gov/size/> for more information on the size standard regulations and policies, including the rules on affiliation of firms. If you complete this form and return it to KPAP for submission to the Federal Government, you are certifying that your firm meets the requirements listed above, the firm's ownership is accurately reflected in the CCR section of this form, you understand the penalties for misrepresenting your business as described above, the information provided herein is true and correct to the best of your knowledge, and you authorize KPAP to submit this information to the Federal Government on your behalf.

Mandatory Data

When you transfer to this section, you will be assigned an SBA Customer Number. Be sure to save this number if you plan to apply for any of SBA's certification programs such as HUBZone, 8(a), or SDB.

48. Primary NAICS Code: _____
From the NAICS codes you listed in question #20, select one code as your company's primary code (the single code that best describes your firm).

49. Keywords (list words or phrases that a buyer might use to search for a company like yours. You can list up to 25 keywords, separated by a comma and no more than 20 characters long). You must be VERY specific. i.e., a search for "tractor" will not generate a hit if you have only used the keyword "tractors".

50. Choose a password (8-30 characters, not case sensitive): _____

Optional Data

51. E-Mail (electronic mail selling firm's products, if applicable): _____

52. Principals (Owners of firm, with their title; list in order that you want them displayed): _____

53. Non-Federal Government Certifications held by you or your company: _____

54. Capabilities Narrative (written summary of your company's products, services, and/or capabilities; up to 255 characters; *highly recommended that you answer this optional question*):

55. Special Equipment/Materials (if any) possessed by your company: _____

56. Construction bonding level, aggregate (in dollars): _____

57. Construction bonding level, per contract (in dollars): _____

58. Service bonding level, aggregate (in dollars): _____

59. Service bonding level, per contract (in dollars): _____

60. Percentage(s) of business type(s) (total of all boxes should equal 100%):

<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Service
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61. Quality Assurance Standards (circle all that apply):

ANSI/ASQC Z1.4	ISO-9000 Series	ISO 10012-1
MIL-Q-9858	MIL-STD-45662A	

62. Is your company an exporter (circle one): YES NO Want to Be
If you answered no, skip to question 69. If you answered yes, questions 66-68 are mandatory.

63. Business Activities (circle all that apply):

Manufacturer	Distributor/Agent	Broker (intermediary)
Retailer	Service(s)	Consultant
Financing	Other	

64. Desired Business Relationships (circle all that apply):

Direct export sales	Distributor/Importer	Representative/Agent/Broker
Oversees retailers	Licensing	Franchising
Contract manufacturing	Joint venture/coventure	Wholly owned subsidiaries/branches
Alliances	Investment	Other (Please explain below)

65. Export Objective (summary of exporting goals/targets; up to 255 characters. If you want to limit exporting to certain countries, please list those countries): _____

This section allows you to provide reference information on previous or current contracts held by your firm. Make additional copies of this page to list more than one contract. You can list up to 5 contracts each for questions 69 and 70. **Do not list any information here that you don't want to publicly disclose.** If desired, you may print "Contract references furnished upon request" on the first line of question #69 and/or #70. List contracts in the order that you want them displayed.

66. List federal government contract/subcontract references here if desired.

Name of Agency _____
Awarding Contract: (Up to 80 characters)

Contract Number: _____
(Up to 20 characters)

Start Date of Contract: _____
(MM/DD/YYYY format, not future)

End Date of Contract: _____
(MM/DD/YYYY format, may be future)

Dollar Value of Contract: _____
(Dollars)

Agency Contact Person to Verify Your Performance: _____
(Up to 80 characters)

Phone Number of Agency Contact: _____
(999-999-9999 format)

67. List state/local government, or non-government contract/subcontract references here if desired.

Name of Agency Awarding Contract: _____
(Up to 80 characters)

Contract Number: _____
(Up to 20 characters)

Start Date of Contract: _____
(MM/DD/YYYY format, not future)

End Date of Contract: _____
(MM/DD/YYYY format, may be future)

Dollar Value of Contract: _____
(Dollars)

Agency Contact Person to Verify Your Performance: _____
(Up to 80 characters)

Phone Number of Agency Contact: _____
(999-999-9999 format)

This completes the information needed for registration in the U.S. Small Business Administration's Supplementary DSBS database. Refer to the first page for information on where to send this form.